

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross referencing)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.A.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ <input type="checkbox"/> _____	Regulated	M _____	Non-elected
<input type="checkbox"/> _____	Allowed	I _____	Interference
<input type="checkbox"/> _____	Censored	A _____	Appeal
<input type="checkbox"/> _____	Restricted	O _____	Objected

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If more than 150 claims or 10 actions
 staple additional sheet here

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